

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

PAGM

DOI:

18/02/2020

Date / Time : 14/02/2020

Registered in Merimen: 17/02/2020

Pre-assign / CCU / FTE

X



Insured Vehicle No. : SH 8592M

Claim No. :

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Policy No. :

MCOM0015

Insured Tel No. : HP: _____

Make / Model :

HYUNDA I40

Excess Sec II :S\$

D.O.A : 12/02/2020 22:45

Place of Accident : JALAN BESAR X ROCHOR CANAL ROAD

Is driver the owner? (YES / ☒ NO) Nature of Accident :

If NO, Driver Name / Age : MOHAMED SALLEH SIDEK

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : +65-90693887 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SMG 4586J


 INSRs:
 WSP: AutoSprint
 Tel : Pte Ltd
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SH 8592M - NA/INC10025520/w1; DOA : 18.12.10 SMG 4586J - X	STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
13/04/2020	PLS SEE VIEWS FOR DETAILS	Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler	Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☐
		Authorisation To Act:	☐
		Release Voucher:	☐
		Final Repair Bill:	☐
		Car Rental Invoice:	☐
		Towing Invoice	☐
		LTA / GIA :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 894.75 (3 days) Reduction: 38 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/04/2020 Confirm with: Cassandra

Email ☒ Call ☐

Final Liability: %100 (Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia :

Repair Cost: w/GST S\$ 957.38

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 240.00 (\$ 80 x 3 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.45

Medical: S\$

Disbursement: S\$ 42.00 (Audatex Fee) (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ 1,246.83

Global Sum S\$:

1) Claim status: Normal/ ~~Reported Private Fault~~

2) Report Format: TP

3) Survey fee: \$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Payee 1: S\$ 1,246.83

Name 1: AutoSprint Pte Ltd

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: